

Fill in this information to identify the case:

| |
|--|
| Debtor 1 <u>Clarksdale Regional Medical Center Inc.</u> |
| Debtor 2 (Spouse, if filing) |
| United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE |
| Case number: 18-05678 |

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 8/12/2019
 TERESA C. AZAN, Clerk

**Official Form 410
 Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------------------|-------|---|------|------|------|--|-------|-----------------------------------|---------------------|--|---------------------|---|--|
| Part 1: Identify the Claim | | | | | | | | | | | | | | | | | |
| 1. Who is the current creditor? | Ashley R ASH _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | | | | | | | | | | | | | | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | | | | | | | | | | | | | | | |
| 3. Where should notices and payments to the creditor be sent? | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>Ashley R ASH _____</td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>4670 JONESTOWN CLAREMONT CLARKSDALE, MS 38614</td> <td>_____</td> </tr> <tr> <td>Contact phone <u>662-902-9439</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>SOUTHASH15@GMAIL.COM</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table> | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | Ashley R ASH _____ | _____ | Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Name | Name | Name | 4670 JONESTOWN CLAREMONT CLARKSDALE, MS 38614 | _____ | Contact phone <u>662-902-9439</u> | Contact phone _____ | Contact email <u>SOUTHASH15@GMAIL.COM</u> | Contact email _____ | Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | |
| Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | | | | | | | | | | | | | | | | |
| Ashley R ASH _____ | _____ | | | | | | | | | | | | | | | | |
| Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Name | | | | | | | | | | | | | | | | |
| Name | Name | | | | | | | | | | | | | | | | |
| 4670 JONESTOWN CLAREMONT CLARKSDALE, MS 38614 | _____ | | | | | | | | | | | | | | | | |
| Contact phone <u>662-902-9439</u> | Contact phone _____ | | | | | | | | | | | | | | | | |
| Contact email <u>SOUTHASH15@GMAIL.COM</u> | Contact email _____ | | | | | | | | | | | | | | | | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | | | | | | | | | | | | | | | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | | | | | | | | | | | | | | | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | | | | | | | | | | | | | | | |

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 376.71
 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?
 Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as healthcare information.
 REIMBURSEMENT FOR OVERPAYMENT

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

| | | |
|---|---|------------------------------------|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Check all that apply: | Amount entitled to priority |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| | <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies | \$ _____ |
| * Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment. | | |

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 8/12/2019
MM / DD / YYYY

/s/ ASHLEY R ASH

Signature

Print the name of the person who is completing and signing this claim:

Name ASHLEY R ASH

First name Middle name Last name

Title PATIENT

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 4670 JONESTOWN CLAREMONT

Number Street

CLARKSDALE, MS 38614

City State ZIP Code

Contact phone 662-902-9439 Email SOUTHASH15@GMAIL.COM

RECEIPT

FACILITY: NORTHWEST MISSISSIPPI MEDICAL CENTER

RECEIPT # 0001783

ACCOUNT: ASH ASHLEY R

RECEIVED BY - CLERK: INWMFRICE

DEPOSITOR CODE:

| PAYMENT METHOD | CHECK/DEBIT/CREDIT CARD NUMBER |
|---|--------------------------------|
| <input type="checkbox"/> Cash Payment | Misc. Cash Code: CREDIT CARD |
| <input type="checkbox"/> Personal Check Payment | Check #: 0 |
| <input checked="" type="checkbox"/> Credit Card Payment | Credit Card: CREDIT CARD |
| <input type="checkbox"/> Debit Card Payment | Comments: |

CREDIT CARD DETAILS

Authorized Name on Credit Card:

Confirmation/Auth Number:

Expiration Date:

| TRANSACTION DATE: | AMOUNT PAID |
|-------------------|-------------|
| 2019-04-19 | \$ 540.00 |

| Patient Name | Patient # | History# | Transaction Amt. | Transaction Date | Current Balance |
|--------------|-----------|-----------|------------------|------------------|-----------------|
| ASH ASHLEY R | 3214625 | 000144729 | 540.00 | 2019-04-19 | 540.00 |

THANK YOU

Patient A/R Inquiry Cash/Adjustments

Patient number
 Telephone
 History number
 Financial class

Guarantor
 Telephone

Admission Original balance Last stmt
 Discharge Current balance Last stmt amt
 Amount posted Last payment

| Transaction Code | Transaction Description | Payor | Batch Number | Transaction Date | Post Date | Transaction Amount |
|--------------------------|-------------------------|------------|--------------|------------------|-----------|--------------------|
| 902 P PAT PAYT POS CCARD | | P PAT PAYT | 603 | 4/19/19 | 4/19/19 | 540.00- |
| 300 P PAY BLUE CROSS | | BCBS MS | 972 | 5/03/19 | 5/03/19 | 62.09- |
| 301 A ADJ BLUE CROSS | | BCBS MS | 972 | 5/03/19 | 5/03/19 | 885.34- |
| Bottom | | | | | | |

*= Unposted Activity

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05678 Clarksdale Regional Medical Center Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6971668)

Claim No: 57

Status:

Ashley R ASH

Original Filed

Filed by: CR

4670 JONESTOWN

Date: 08/12/2019

Entered by: admin

CLAREMONT

Original Entered

Modified:

CLARKSDALE, MS

Date: 08/12/2019

38614

Amount claimed: \$376.71

History:

[Details](#) [57-1](#) 08/12/2019 Claim #57 filed by Ashley R ASH, Amount claimed: \$376.71 (admin)

Description:

Remarks:

Claims Register Summary

Case Name: Clarksdale Regional Medical Center Inc.

Case Number: 3:18-bk-05678

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

| | |
|------------------------------|----------|
| Total Amount Claimed* | \$376.71 |
| Total Amount Allowed* | |

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

| | Claimed | Allowed |
|-----------------------|---------|---------|
| Secured | | |
| Priority | | |
| Administrative | | |